

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REAL-TIME BIOFILM MONITORING SYSTEM
Attorney Docket Number::	TABACCO4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Mary Elizabeth

Middle Name::  
Family Name:: TABACCO  
Name Suffix::  
City of Residence:: Brighton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 33 Brayton Road  
City of Mailing Address:: Brighton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02135  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name:: MITTELMAN  
Name Suffix::  
City of Residence:: Canton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 2 Copley Place  
City of Mailing Address:: Canton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02021  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: J. Anthony  
Middle Name::  
Family Name:: Schanzie  
Name Suffix::

City of Residence:: Belmont  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 82 Horace Road  
City of Mailing Address:: Belmont  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02478

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name:: ECHO Technologies, Inc.  
Street of Mailing Address:: 5250 Cherokee Avenue  
City of Mailing Address:: Alexandria  
State or Province of Mailing Address:: VA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 22312